

Nurses Recruitment and Retention Fund *Relocation Assistance*

The "Come Home to Manitoba" campaign was established in 1999 to support recruitment of nurses to Manitoba, offering relocation assistance up to \$5,000 for nurses who come to this province to work.

In order to qualify for relocation assistance, the applicant will require:

- Confirmed Full or Part time employment (minimum 0.6 EFT) in an approved permanent, or term nursing position of at least one-year duration. **CASUAL or INDEFINITE POSITIONS** are not eligible for relocation assistance.
- Confirmed nursing position as a direct caregiver or first level nursing manager with an approved employer in Manitoba.
- Evidence of licensure with applicable nursing college.

FAQ

Who can apply for Relocation Assistance?

- Nurses who are **relocating from outside the province**. Applicants returning to Manitoba must have resided outside of the province for a minimum of one year.
- **Must be a resident of Manitoba. Nurses living in border towns must have a Manitoba address or MB post office box in order for NRRF to issue funding.**
- Applicants must agree to work in a nursing position in Manitoba for a minimum of one year. Employers must be receiving public funds from the province of Manitoba. This includes but is not limited to Manitoba Health and the Regional Health Authorities (RHAs). *Private for profit agencies are not eligible.*
- Applicants must apply for funding within one year of moving to Manitoba.

Should I submit all my receipts related to my move?

- Proof of expenses related to the nurse's move, such as receipts from moving companies and for the costs of travel, should be retained by the applicant to substantiate the claim while in service agreement with NRRF.

Who can sign my employer certification and agreement (Section F)?

- Human Resources
- Nurse manager or nursing supervisor (Nurses cannot sign on behalf of themselves)

How long does the application process take?

- The application process takes from 2 to 4 weeks.

How do I submit my application to your office?

- Applications are emailed to the NRRF Facilitator. See application.

What are accepted documents verifying proof of previous residency?

- Examples would be a recent (within the last three months) phone bill, utility bill, or rent receipts.

Will I get a T4 tax slip to claim with Canada Revenue Agency?

- Please consult your accountant or Canada Revenue Agency for any tax related implications related to the payout of this grant if you are approved.

What if I require a work permit or work visa?

- Please contact your perspective employer for assistance with Citizenship and Immigration Canada (CIC).

What if I move while I am completing my service agreement with NRRF?

- Should your contact information change, please email NRRF@sharedhealthmb.ca

What if I am not happy with my current employment situation and decide to change employers, or move to a new position within the same facility/region?

- As stated in the Relocation policy: 7.13 *An employee who changes eligible employers while fulfilling their one-year return of service commitment in Manitoba must complete a revised service agreement. **The revised service agreement must be signed by the applicant and the new employer, and must complete the time remaining in the previous 12-month agreement.***

For more details, please review the [Relocation Grant policy](#)

✓ LIST

Please ensure all required documents are included with your application. **Incomplete applications will not be considered and will only further delay any processing.*

Section A

Section B

Section C

Section D

Section E

Section F

Copy of College Registration Number (CRNM, CLPNM, or CRPNM letter of registration or card)

Copy of official letter of employment

**Application for
RELOCATION ASSISTANCE**



Please submit all applications or questions to NRRF.

ATTN: FACILITATOR
NURSES RECRUITMENT AND RETENTION FUND (NRRF)
1502-155 CARLTON STREET
WINNIPEG MB R3C 3H8

SECTION A

Surname:		First Name:	
Mailing Address in Manitoba: Apt. Suite # (if applicable) – Street #		Middle Name (if applicable):	
P.O. Box (if applicable)		Email:	
City/Town:	Postal Code:		

- Contact numbers -

Home:	Work:	Cell:
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✓ This box if permanent address is the same as mailing address. If not, please fill shaded area below:

Apt. Suite # (if applicable) – Street #	P.O. BOX (if applicable):
City/Town:	Postal Code:

SECTION B

***PLEASE REMEMBER TO ATTACH A PHOTOCOPY OF YOUR MANITOBA REGISTRATION/LICENSE and LETTER OF EMPLOYMENT**

Nursing Category: (✓ applicable box)

- Registered Nurse (RN)
- Registered Nurses (Extended Practice or Nurse Practitioners) [RNEP / NP]
- Registered Psychiatric Nurse (RPN)
- Licensed Practical Nurse (LPN)

Photocopy of registration/license attached (✓ applicable box)

Yes No. If No, please explain:

LICENSE #:

*Have you applied previously for other grants with NRRF?
If so, please indicate which grant and when:*

GRANT:

DATE RECEIVED/APPLIED FOR:

**Application for
RELOCATION ASSISTANCE**



SECTION C – Part 1 - EMPLOYMENT IN MANITOBA

Name of Employer:		RHA:	
Address of Employer:		City/Town	
		Postal Code	
Your Position (ex. Acute Care):		Department or Area:	

SECTION C – Part 2

1. How did you hear about the Nurses Recruitment and Retention Fund? (Please ✓ and fill where applicable)

<input type="checkbox"/> Job Fair:	<input type="checkbox"/> Employer:	<input type="checkbox"/> Other:
<input type="checkbox"/> Internet:	<input type="checkbox"/> Advertising or Publication:	

2.	Where did you take your initial level of nursing training? <small>(Institution, Province/State/Country)</small>	
3.	Year of graduation from initial level of nursing accreditation?	
4.	What date will or did your employment <u>commence</u> in Manitoba? <small>(d d - m m m - y y)</small>	
5.	Your date of move to Manitoba: <small>*Proof of previous residency will be asked below pertaining to your move*</small> <small>(d d - m m m - y y)</small>	

6. Were you previously employed in the nursing profession in Manitoba?

No Yes. *If yes, indicate when and where you **last were employed**:*

Previous employment start date:	<small>(d d - m m m - y y)</small>	Employment end date:	<small>(d d - m m m - y y)</small>
Employer or Organization Name and RHA:		Department or area of nursing:	
Address:		City/Town:	Postal Code:

7. Have you received other grants from NRRF?

(Please ✓ and fill where applicable)

No - *Skip a) and go to b)* Yes - *If yes, indicate in right-hand box and answer question a) below.*

a) Have you fulfilled your service agreement with NRRF?

No - *If no, please indicate reason:*
 Yes - *If yes, DATE of service agreement completion:*

b) Are you receiving relocation assistance from any other sources?

(ex. employer, sponsor, etc.)

No Yes - *If yes, please indicate in right-hand box →*

GRANT TYPE	AMOUNT
	\$
Date received:	

SOURCE OF ASSISTANCE	AMOUNT
	\$
Date received:	

**Application for
RELOCATION ASSISTANCE**

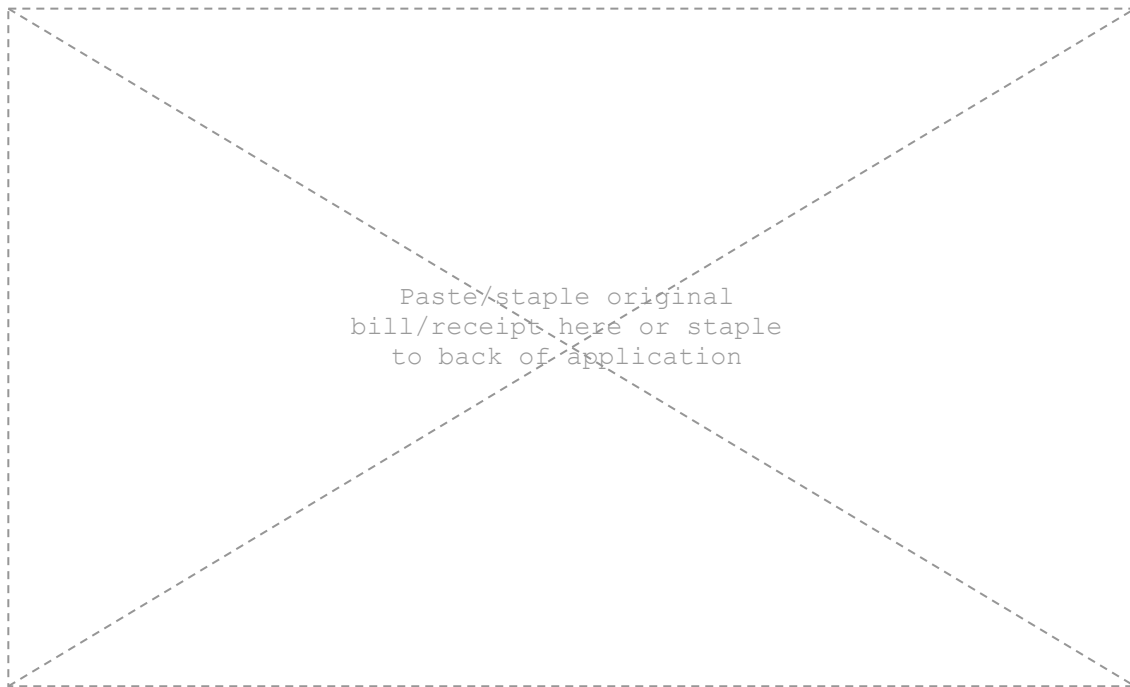


SECTION D – CLAIMING OF RELOCATION ASSISTANCE (where you lived previously):

Address:		City/Town:	
Province/Territory/State:	Country:		
Previous Employer or Organization:		Phone #:	
		(optional) Employers' Email:	

* Please attach **ONE original piece** of most recent proof of previous residency
(Within the last 3 months, previous to move to Manitoba).

Example of proof of residency may be a *phone bill, utility bill, flight ticket or recent rent receipt with applicants' name and address.*



DO NOT WRITE IN THIS SECTION – SHADED AREA FOR OFFICE USE ONLY :

MILEAGE APPROVED AT:	KM x 1.75	VERIFIED BY: (INITIALS)
SUBTOTAL CLAIM AMOUNT:	\$	
CLAIM APPROVED FOR:	\$	
APPROVED BY:		
DATE APPROVED:		

**Application for
RELOCATION ASSISTANCE**



SECTION E - EMPLOYEE DECLARATION AND AGREEMENT

I DECLARE THAT:

- I am not currently in default with any other NRRF program or incentive.
- I have given complete and true information on this form and I understand that failure to do so may prevent my qualifying for assistance in the future.
- I understand that if I should receive a grant, it is awarded to me on the condition that it will be used for the purposes for which it was intended.
- I understand that should I change positions or employers while fulfilling my service agreement, I must complete a revised service agreement and complete the time remaining in my service agreement with NRRF.

1. I have read and understand the **Relocation Assistance Policy**. Please initial here:
2. I have been employed continuously in the nursing profession in Manitoba since (DATE) _____ and I intend to continue my employment as a nurse in Manitoba for **not less than 12 months from that date at 0.6 EFT or higher**.

I agree that *if I am not employed in Manitoba as a nurse for the full 12 months at 0.6 EFT or higher*:

1. I will notify the Nurses Recruitment and Retention Fund in writing of the last day of employment immediately upon tendering my resignation or termination.
2. I will repay all of my relocation assistance (pro-rated) to the Nurses Recruitment and Retention Fund.

I UNDERSTAND THAT MY EMPLOYMENT MUST BE FOR A CONTINUOUS TERM OF 12 MONTHS. MANITOBA MAY EXTEND THE TIME TO COMPLETE THE TERM OF 12 MONTHS OR GRANT TEMPORARY ABSENCES FOR PREGNANCY OR HEALTH RELATED MATTERS. EACH REQUEST WILL BE EXAMINED ON ITS OWN MERITS BY THE NURSES RECRUITMENT AND RETENTION FUND FOR A FINAL DECISION. SHOULD MY CONTACT AND JOB INFORMATION CHANGE, I WILL NOTIFY THE FUND IMMEDIATELY.

X

DATE

SIGNATURE OF APPLICANT

SECTION F - EMPLOYER CERTIFICATION AND AGREEMENT

WE CERTIFY THAT:

1. (NAME OF NURSE) _____ has been employed as a (TYPE OF NURSE) _____ since (DATE) _____ at a **0.6 EFT or higher** position by our organization.
2. We intend to employ this person for a period **no less than 12 months** in a 0.6 EFT or higher, in a permanent or term position for which other qualified candidates were not available.
3. This individual was recruited from _____ and was not a resident of Manitoba in the past previous year. (PROVINCE/STATE, COUNTRY)

WE AGREE THAT IF THIS PERSON LEAVES THIS ORGANIZATION BEFORE COMPLETING A FULL YEAR OF EMPLOYMENT AT 0.6 EFT OR HIGHER, WE WILL PROVIDE WRITTEN NOTICE TO THE NURSES RECRUITMENT AND RETENTION FUND IMMEDIATELY UPON DETERMINING THAT THE INDIVIDUAL'S EMPLOYMENT WILL BE TERMINATED.**

EMPLOYERS' SIGNATURE AND PRINTED NAME: **X** _____

DATE SIGNED: _____

EMPLOYERS' ADDRESS: _____

EMPLOYERS' POSITION: _____

FACILITY _____

PHONE #: _____

RHA: _____

EMAIL ADDRESS: _____

**** Note to Employer:** If the applicant does not complete their ROS commitment with your facility, please notify the NRRF Facilitator by completing the [Employer Verification of Incomplete Service Agreement form](#).